

Port Orford-Langlois School District 2CJ
P.O. Box 8
Port Orford, OR 97465
www.2cj.com

Telephone: (541) 348-2337
Fax: (541) 348-2228

**TEACHER APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION	
Application Date _____	Social Security Number _____
Full Name _____ <small>Last First Middle</small>	Date of Availability _____ <small>Month Day Year</small>
Previous or other surname(s) reflected on employment or educational records _____	
Present Mailing Address _____ <small>Street</small>	Phone (____) _____
City _____ State _____ Zip Code _____	Msg. Phone(____) _____
Permanent Mailing Address _____ <small>Street</small>	Phone (____) _____
City _____ State _____ Zip Code _____	E-mail _____
Name of contact other than applicant _____	
Are you currently under contract with another school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: School District _____ City _____ State _____	

Current Oregon Teaching License
Types (e.g., Basic D-474, Temporary, etc.) _____
Endorsement(s) (e.g., Physical Education) _____
Authorization(s) (e.g., 018) _____
Date of Expiration _____
Added endorsements expected _____
If no Oregon license, when is it expected? _____
Will accept:
<input type="checkbox"/> Full-Time Contract <input type="checkbox"/> Part-Time Contract <input type="checkbox"/> Temporary Contract <input type="checkbox"/> Substituting <input type="checkbox"/> Other _____

Personal History		
YES	NO	
—	—	Have you ever been dismissed from a teaching position?
—	—	Have you ever been asked to resign from a teaching position?
—	—	Have you ever been refused continuing employment as a teacher?
—	—	Have you ever had a teaching license revoked?
—	—	Have you ever been convicted, pled guilty or pled nolo contendere to a felony?
—	—	Have you ever been convicted, pled guilty of pled nolo contendere to a crime involving child abuse or sexual abuse?
—	—	Have you had a report of child abuse or sexual activities involving a K – 12 student or minor filed against you with a school district, Children Services Division, a police agency, or in a court?
—	—	Have you previously applied for employment there? If yes, when? _____
—	—	Have you previously been employed by this school district? If yes, when _____
If any marked yes, please explain. _____		

POSITION PREFERENCE(S)

Denote any licensed area for which you are applying. List your preference by indicating 1 as your first choice.
Failure to prioritize could adversely affect your chances of being considered.

ELEMENTARY

Indicate your grade preference, with 1 being your first choice.

- | | |
|---|--|
| <input type="checkbox"/> Early Childhood Ed./Kindergarten | <input type="checkbox"/> Middle School (with elementary certificate) |
| <input type="checkbox"/> Primary (grades 1-3) | <input type="checkbox"/> Blended or Multi-Age Classrooms |
| <input type="checkbox"/> Intermediate (grades 4 & 5) | <input type="checkbox"/> Other _____ |

SECONDARY/SPECIAL SERVICES

Indicate your grade preference, with 1 being your first choice.

- Preschool K-5 6-8 9-12 Alternative School

Check the box(es) for the area(s) you are licensed to teach and are applying.

- | | |
|---|--|
| <input type="checkbox"/> Adaptive PE | <input type="checkbox"/> Industrial Arts/Trades/Technology Ed/ Vocational Ed |
| <input type="checkbox"/> Art | <input type="checkbox"/> Learning Disabled |
| <input type="checkbox"/> Band | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Bilingual/ESL/Multicultural | <input type="checkbox"/> Basic Math |
| <input type="checkbox"/> Business Education | <input type="checkbox"/> Advanced Math |
| <input type="checkbox"/> Career Education | <input type="checkbox"/> Mildly Mentally Retarded |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Moderately to Severely Mentally Retarded |
| <input type="checkbox"/> Counseling/Guidance/Child Development Specialist | <input type="checkbox"/> Multi-Handicapped |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Drama | <input type="checkbox"/> PT/OT |
| <input type="checkbox"/> Driver's Education | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Drug/Alcohol Specialist | <input type="checkbox"/> Science |
| <input type="checkbox"/> English/Language Arts | <i>Specify</i> _____ |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Severely Emotionally Disabled |
| <i>Specify</i> _____ | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> General Music | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Handicapped Learner | <input type="checkbox"/> Testing/Assessment |
| <input type="checkbox"/> Health | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Home Economics | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> Home Teaching/Tutoring | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Other _____ |

EXTRACURRICULAR ACTIVITIES YOU ARE QUALIFIED TO DIRECT AND/OR COACH

- | | | | |
|-------------------------------------|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Band | <input type="checkbox"/> Dance Team | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Drama | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheer Team | <input type="checkbox"/> Forensics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other |

EDUCATIONAL/WORK EXPERIENCE

EDUCATIONAL AND PROFESSIONAL BACKGROUND			
High School, Colleges, Universities Name, City, State	Dates Attended Mo/Yr to Mo/Yr	Type of Degree Earned	Major & Minor (if any)
High School			
College/University			

TEACHING EXPERIENCES							
Include only those positions for which a teaching license was required (list most recent first). Approval of experience shall be determined at the time of employment. You will be asked to provide verification.							
District Name Address (Street, City, State)	Name of School	Grade Taught	Subject(s) Taught	Full-Time or Part-Time	Dates of Employment	Total Years	Reason for Leaving

STUDENT TEACHING EXPERIENCE				
Please list experiences in a recognized teacher preparation program only.				
District Name & School Address (Street, City, State)	Grade(s) Taught	Subject(s) Taught	Dates Taught	Supervising Teacher

EXPERIENCE OTHER THAN TEACHING			
Do not list military experience here.			
Employer	Address	Position	Date of Employment

REFERENCES				
Give references (a minimum of three), especially superintendents or principals under whom you have taught, and who have first-hand knowledge of your character, personality, and teaching ability.				
Name	Position/District	Address	Work Phone	Home Phone

TRAINING AND PREPARATION

SPECIAL TRAINING

Please use key to indicate experience or training in any of the following specific classes or workshops.
 KEY: T = Training E = Experience T/E = Both

<input type="checkbox"/> Authentic Assessment	<input type="checkbox"/> Equity Awareness	<input type="checkbox"/> Portfolios
<input type="checkbox"/> Child Abuse/Personal Safety	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> Remedial Education
<input type="checkbox"/> Computer Training	<input type="checkbox"/> Inclusive Education	<input type="checkbox"/> School-to-Work
<input type="checkbox"/> Cooperative Learning	<input type="checkbox"/> Integrated Curriculum	<input type="checkbox"/> Signing
<input type="checkbox"/> Conduct Disorders	<input type="checkbox"/> ITIP	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Critical Thinking Skills	<input type="checkbox"/> Learning Skills	<input type="checkbox"/> Task Writing/Rubrics
<input type="checkbox"/> Current First Aid Card	<input type="checkbox"/> Middle Level Education	<input type="checkbox"/> Visual/Manipulative Math
<input type="checkbox"/> Curriculum Integration	<input type="checkbox"/> Multi-Age Class	<input type="checkbox"/> Whole Language
<input type="checkbox"/> Developmentally Appropriate Practices	<input type="checkbox"/> Multicultural Awareness	<input type="checkbox"/> Other _____
<input type="checkbox"/> Drug/Alcohol Problems	<input type="checkbox"/> Peer Coaching	

PLACEMENT FILE

I have a current placement file(s) Yes No
 I requested a copy of my placement file to be sent to the school district. Yes No

MILITARY EXPERIENCE

Branch of Service	Job Classification	Inclusive Dates	Type of Discharge

Citizenship: Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? Yes No
Health: Is your physical/mental health condition such that you can fulfill the essential job functions of the teaching/extracurricular work for which you are applying (either with or without reasonable accommodations)? Yes No

APPLICATIONS
 Applications received by the school district will remain active for one (1) year following the date of receipt. Renewal will be made for the ensuing year upon request of the applicant. A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening. Do not include letters of recommendation you wish returned but attach copies instead.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION
 I authorize the school district to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to the school district for which I have completed an employment application. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature _____ Date _____

